

REGION II RST HEALTH AND SAFETY PLAN  
EMERGENCY RESPONSE/SITE INVESTIGATION  
(Form Revised August 2000)

TDD No. 02-01-07-0016 Site Name: Essex County Hospital Center- Hilltop Site  
Site Address: Street No. 125 Fairview Avenue  
City Cedar Grove  
County/State Essex County, New Jersey

Directions to Site: (Attach Map):

From Edison: Take the Garden State Parkway North to the Route 280 Exit (Exit 145). Follow Rte. 280 West to exit 8B and merge onto Prospect Avenue. Follow Prospect Ave. to Pompton Ave (about 2 miles). Follow Pompton Ave. to Fairview Avenue. Follow Fairview down to 125 Fairview-Essex County Hospital.

Historical/Current Site Information:

The Essex County Hospital Center - Hilltop Site - is located in Cedar Grove, NJ. The Site consists of both occupied and unoccupied buildings. While the Site is an active hospital facility, the unoccupied buildings are the subject of this asbestos sampling event. The Essex County Improvement Authority (ECIA) has requested the EPA's assistance in demolishing the unoccupied buildings, and at this time, the EPA is evaluating whether the Site is eligible for a removal action under the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA).

Incident Type:      ☐ Air Release - \_\_\_\_\_  
                         ☐ Spill - \_\_\_\_\_  
                         ☐ Fire - \_\_\_\_\_  
                         ☒ HW Site - Possible Asbestos Containing Material (ACM)

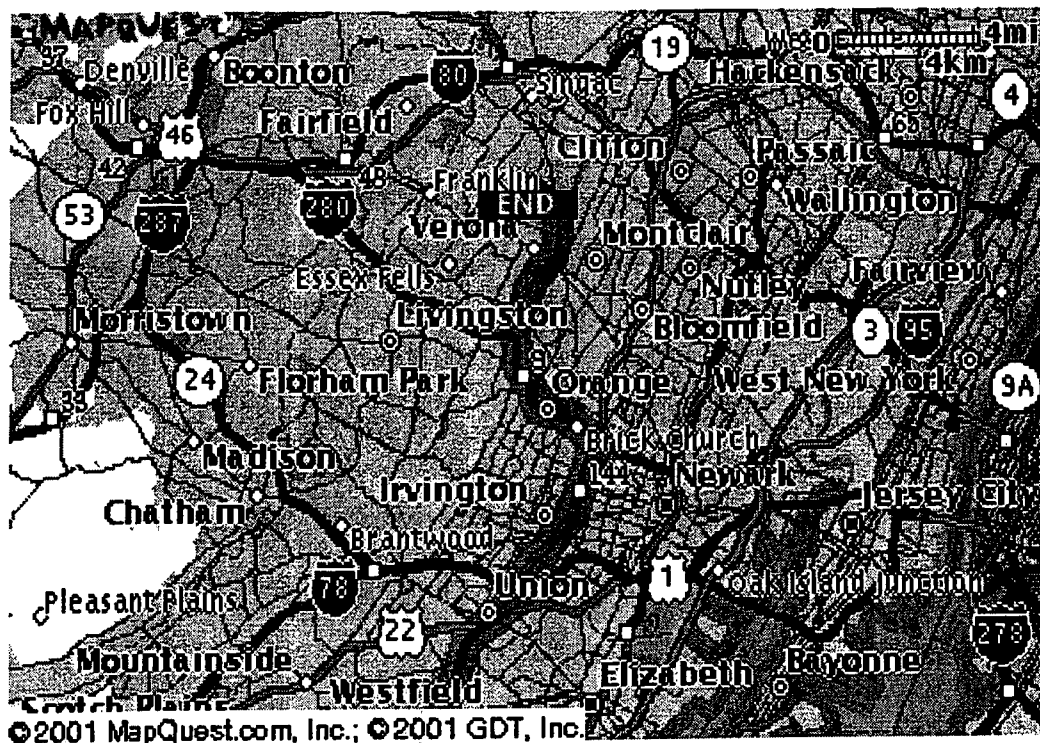
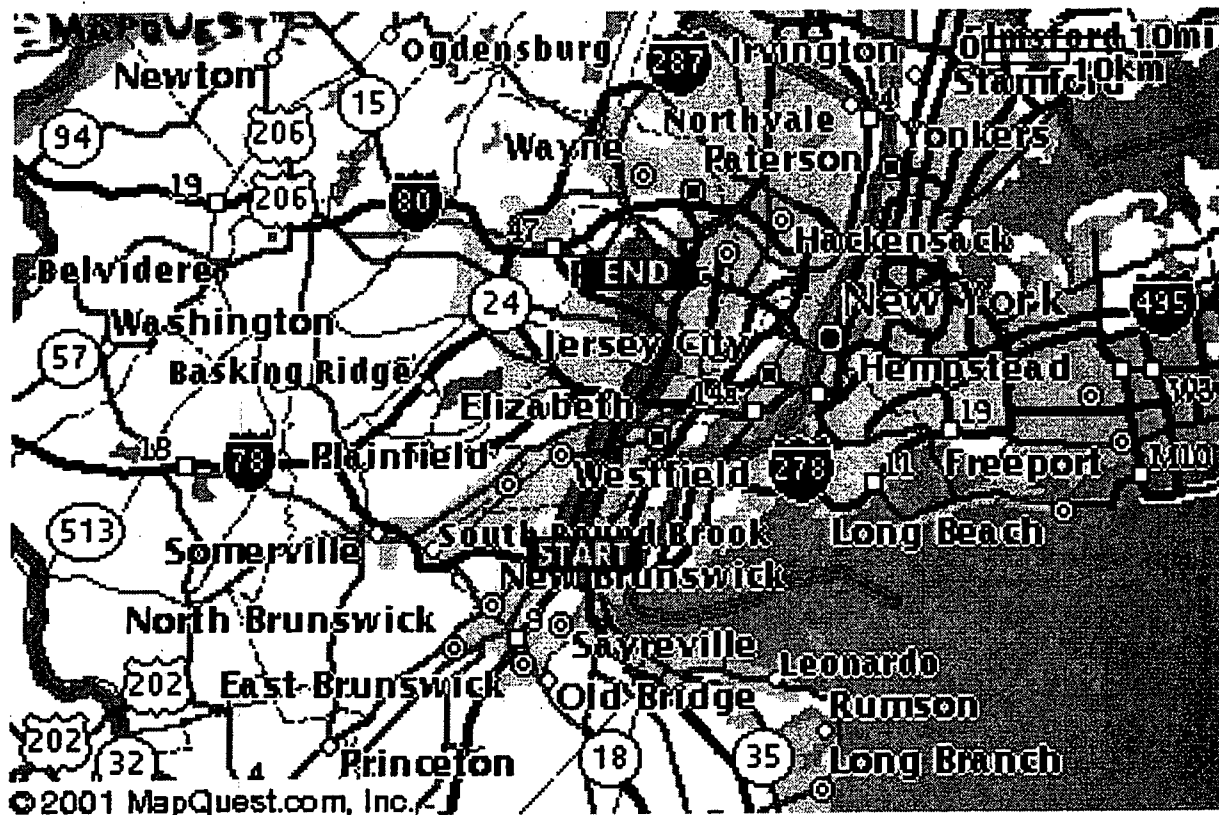
Location Class: ☐ Industrial ☒ Commercial ☐ Urban/Residential ☐ Rural

USEPA Contact: Jim Haklar Date of Initial Site Activities: 08/01/01  
Original HASP: Yes or No Yes Modification Number: \_\_\_\_\_  
Lead RST: Mike Mahnkopf Site Health & Safety Coordinator: Mike Garibaldi  
Health & Safety Alternate: Charles Metzger

Response Activities/Dates of Response (fill in as applicable)

Emergency Response:	<input type="checkbox"/> Perimeter Recon.	_____
	<input type="checkbox"/> Site Entry	_____
	<input type="checkbox"/> Visual Documentation	_____
	<input type="checkbox"/> Multi-Media Sampling	_____
	<input type="checkbox"/> Decontamination	_____
Assessment:	<input checked="" type="checkbox"/> Perimeter Recon.	<u>8/1/01</u>
	<input checked="" type="checkbox"/> Site Entry	<u>8/1/01</u>
	<input checked="" type="checkbox"/> Visual Documentation	<u>8/1/01</u>
	<input checked="" type="checkbox"/> Multi-Media Sampling	<u>8/1/01</u>
	<input checked="" type="checkbox"/> Decontamination	<u>8/1/01</u>

Directions to Essex County Hospital- Hilltop Property Site:



### **Physical Safety Hazards to Personnel**

- ☒ Heat ☐ Cold ☐ Precipitation ☐ Confined Space ☐ Terrain
- ☒ Walking/Working Surfaces ☐ Fire & Explosion ☐ Oxygen Deficiency
- ☐ Underground Utilities ☒ Overhead Utilities ☐ Heavy Equipment
- ☐ Unknowns in Drums, Tanks, Containers ☐ Ponds, Lagoons, Impoundments
- ☐ Rivers, Streams ☐ Pressurized Containers, Systems ☐ Noise
- ☐ Illumination ☐ Nonionizing Radiation ☐ Ionizing Radiation

### **Biological Hazards to Personnel**

- ☒ Infectious/Medical/Hospital Waste ☒ Non-domesticated Animals ☒ Insects
- ☐ Poisonous Plants/Vegetation ☐ Raw Sewage

### **Training Requirements**

- ☒ 40 Hour General Site Worker Course with three days supervised experience
- ☐ 24 Hour Course for limited, specific tasks with one day supervised experience
- ☐ 24 Hour Course for Level D site with one day supervised experience
- ☒ 8 Hour Annual Refresher Health and Safety Training
- ☐ 8 Hour Management/Supervisor Training in addition to basic training course
- ☐ Site Specific Health and Safety Training
- ☐ Pre-entry training for emergency response skilled support personnel

### **Medical Surveillance Requirements**

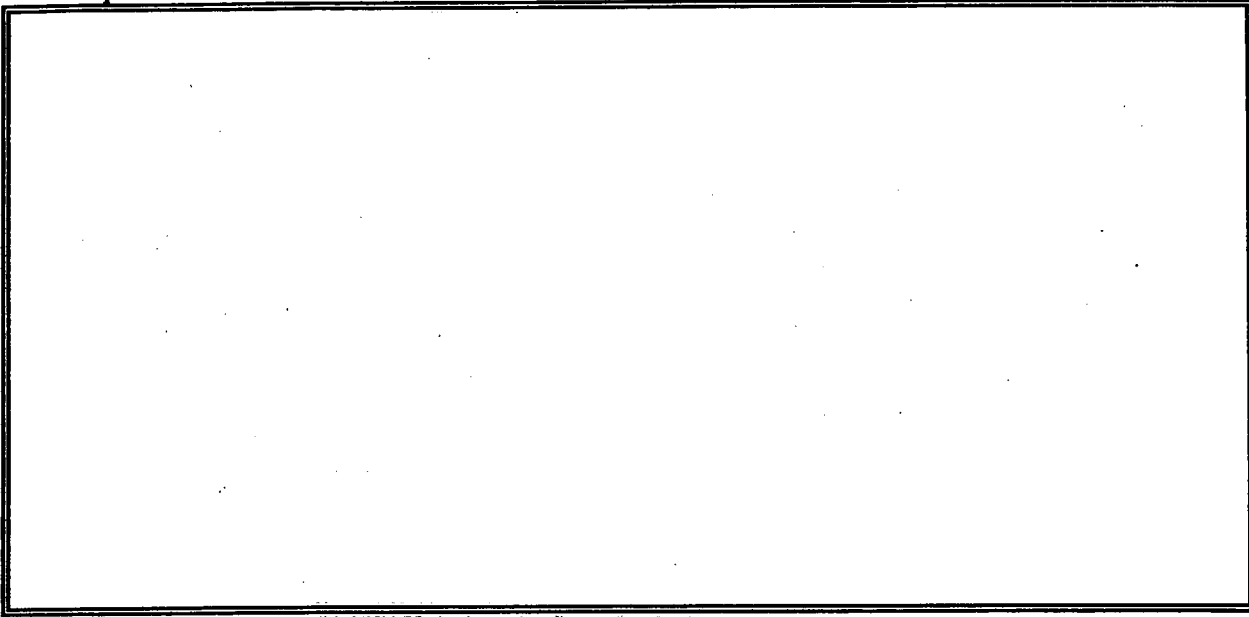
- ☒ Baseline initial physical examination with physician certification
- ☒ Annual medical examination with physician certification
- ☐ Site Specific medical monitoring protocol (Radiation, Pesticide, PCB, Metals)
- ☐ Asbestos Worker medical protocol
- ☐ Exempt from medical surveillance \_\_\_\_\_.
- ☒ Examination required in event of chemical exposure or trauma

Physical Parameters	Chemical Contaminant Asbestos CA	Chemical Contaminant	Chemical Contaminant
Exposure Limits IDLH Level	___ ppm ___ mg/m <sup>3</sup> PEL ___ ppm ___ mg/m <sup>3</sup> TLV ___ ND ___ ppm ___ ND ___ mg/m <sup>3</sup> IDLH	___ ppm ___ mg/m <sup>3</sup> PEL ___ ppm ___ mg/m <sup>3</sup> TLV ___ ppm ___ mg/m <sup>3</sup> IDLH	___ ppm ___ mg/m <sup>3</sup> PEL ___ ppm ___ mg/m <sup>3</sup> TLV ___ ppm ___ mg/m <sup>3</sup> IDLH
Physical Form (Solid/Liquid/Gas) Color	<u>X</u> Solid ___ Liquid ___ Gas ___ Color	___ Solid ___ Liquid ___ Gas ___ Color	___ Solid ___ Liquid ___ Gas ___ Color
Odor	none		
Flash Point Flammable Limits	___ Degrees F or C ___ NA ___ % UEL ___ NA ___ % LEL	___ Degrees F or C ___ % UEL ___ % LEL	___ Degrees F or C ___ % UEL ___ % LEL
Vapor Pressure	___ mm/Hg	___ mm/Hg	___ mm/Hg
Vapor Density	___ Air = 1	___ Air = 1	___ Air = 1
Specific Gravity	___ Water = 1	___ Water = 1	___ Water = 1
Solubility			
Incompatible Material			
Routes of Exposure	___ X ___ Inh ___ Abs ___ Con ___ X ___ Ing	___ Inh ___ Abs ___ Con ___ Ing	___ Inh ___ Abs ___ Con ___ Ing
Symptoms of Acute Exposure	Irritated Eyes Finger Clubbing Asbestosis		
First Aid Treatment	Eye: Flush w/ Water Immediately Fresh Air		
Ionization Potential	___ NA ___ eV	___ eV	___ eV
Instruments for Detection	___ PID w/ ___ Probe ___ FID ___ CGI ___ RAD ___ ___ Det Tube ___ pH Other ___ Lab Analysis	___ PID w/ ___ Probe ___ FID ___ CGI ___ RAD ___ Det Tube ___ pH Other	___ PID w/ ___ Probe ___ FID ___ CGI ___ RAD ___ Det Tube ___ pH Other

\*Note: Detection level will be set on the Data RAM for the inhalation level of 5mg/m<sup>3</sup> for nuisance dust.

## Control Measures

Site Map with work zones:



### Work Zone Definitions:

Exclusion Zone - the area where contamination is either known or expected to occur and the greatest potential for exposure exists. The outer boundary of the Exclusion Zone, called the Hotline, separates the area of contamination from the rest of the site.

Contamination Reduction Zone (CRZ) - the area in which decontamination procedures take place. The purpose of the CRZ is to reduce the possibility that the Support Zone will become contaminated or affected by the site hazards.

Support Zone - the uncontaminated area where workers are unlikely to be exposed to hazardous substances or dangerous conditions. The Support Zone is the appropriate location for the command post, medical station, equipment and supply center, field laboratory, and any other administrative or support functions that are necessary to keep site operations running efficiently.

### Communications:

☒ Buddy System   ☐ Radio   ☐ Air Horn for emergencies  
☒ Hand Signals   ☒ Visual Contact

### Personnel Decontamination Procedures:

☐ Wet Decontamination (procedures as follows)  
☒ Dry Decontamination (procedures as follows)

Any equipment and tools used on site will be placed at a segregated equipment drop location, cleaned, or discarded as appropriate. For all sampling activities, Tyvek coveralls, nitrile gloves, and latex booties will be worn along w/a full-face respirator or self-contained breathing apparatus. Gross contamination will be removed from all PPE on site, if necessary. Booties will be removed, followed by removal of the outer

garment, then the removal of the respiratory equipment and the gloves. Potable water will be available for thorough field washing of hands and face. All PPE will be double-bagged and disposed of as municipal refuse.

**Equipment Decontamination Procedures:**

Stainless steel equipment will be cleaned with a solution of Alconox detergent and water and rinsed well with potable water, and air-dried.

Adequacy of decontamination determined by: Health & Safety Supervisor

**Personal Protective Equipment**

TASK TO BE PERFORMED	ANTICIPATED LEVEL OF PROTECTION	TYPE OF CHEMICAL PROTECTIVE COVERALL	INNER GLOVE OUTER GLOVE BOOT COVER	TYPE OF APR CARTRIDGE OR CANISTER
Initial Entry	B	Tyvek	nitrile/nitrile/latex	SCBA
Asbestos Sampling-Insulation	B	Tyvek	nitrile/nitrile/latex	SCBA

Frequency and Types of Air Monitoring: (X) Continuous ( ) Routine - \_\_\_\_\_ ( ) Periodic - \_\_\_\_\_

DIRECT READING INSTRUMENTS	MultiRAE CGI/O2-H2S-CO- PHOTO IONIZATION DETECTOR	Ludlum 19 Micro-R Meter/Ludlum Model 3 Survey Meter/Probe	Photovac MicroFID	Drager Chemical Detector Tube	OTHER
ID NUMBER					
CALIBRATION DATE					
RST MEMBER					
ACTION LEVEL	$\geq 20\%$ LEL $\leq 19.5\%, \geq 23\%$ O <sub>2</sub> - LEAVE	3X BACKGROUND - CAUTION;  1 mR/HR - LEAVE	UNKNOWN: 0 - 5 UNITS - "C"  5-500 UNITS-"B"	PEL/TLV COMPARE WITH RESPONSE OF TUBE	

### Emergency Telephone Numbers

Emergency Contact	Location	Phone Number	Notified
Hospital	Mountainside Hospital 1 Bay Avenue Montclair, NJ 07042	(973) 429-6000	No
Ambulance	12 Church Street Verona, NJ	911 or (973) 857-4760	No
Police	600 Bloomfield Ave.	911 or (973) 857-4809	No
Fire Department	209 Bloomfield Ave.	911 or (973) 857-4761	No

Chemical Trauma Capability? (X) Yes ( ) No

If no, closest backup: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to Hospital (attach map)

Route verified by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Turn left onto Fairview Ave and then make a slight left onto Dill Drive. Make a right onto Keeney Street, which becomes W Bradford Avenue. Make a right onto Pompton Avenue (Rte. 23), and follow for about 1.5 miles. Make a left onto Bloomfield Avenue and then a quick slight right onto Claremont Avenue. Follow Claremont for about 1.5 miles and then make a right onto Walnut Cres. Enter the driveway to the hospital.(see attached map and directions) Estimated distance 4.3 miles, estimated driving time 18 minutes.

**Additional Emergency Phone Contacts**

WESTON Medical Emergency Service	800-229-3674
Chemtrec	800-424-9300
ATSDR	404-639-0615
ATF (explosives information)	800-424-9555
National Response Center	800-424-8802
National Poison Control Center	800-764-7661

HASP prepared by: Christoph Stannik

Date: 7/30/01

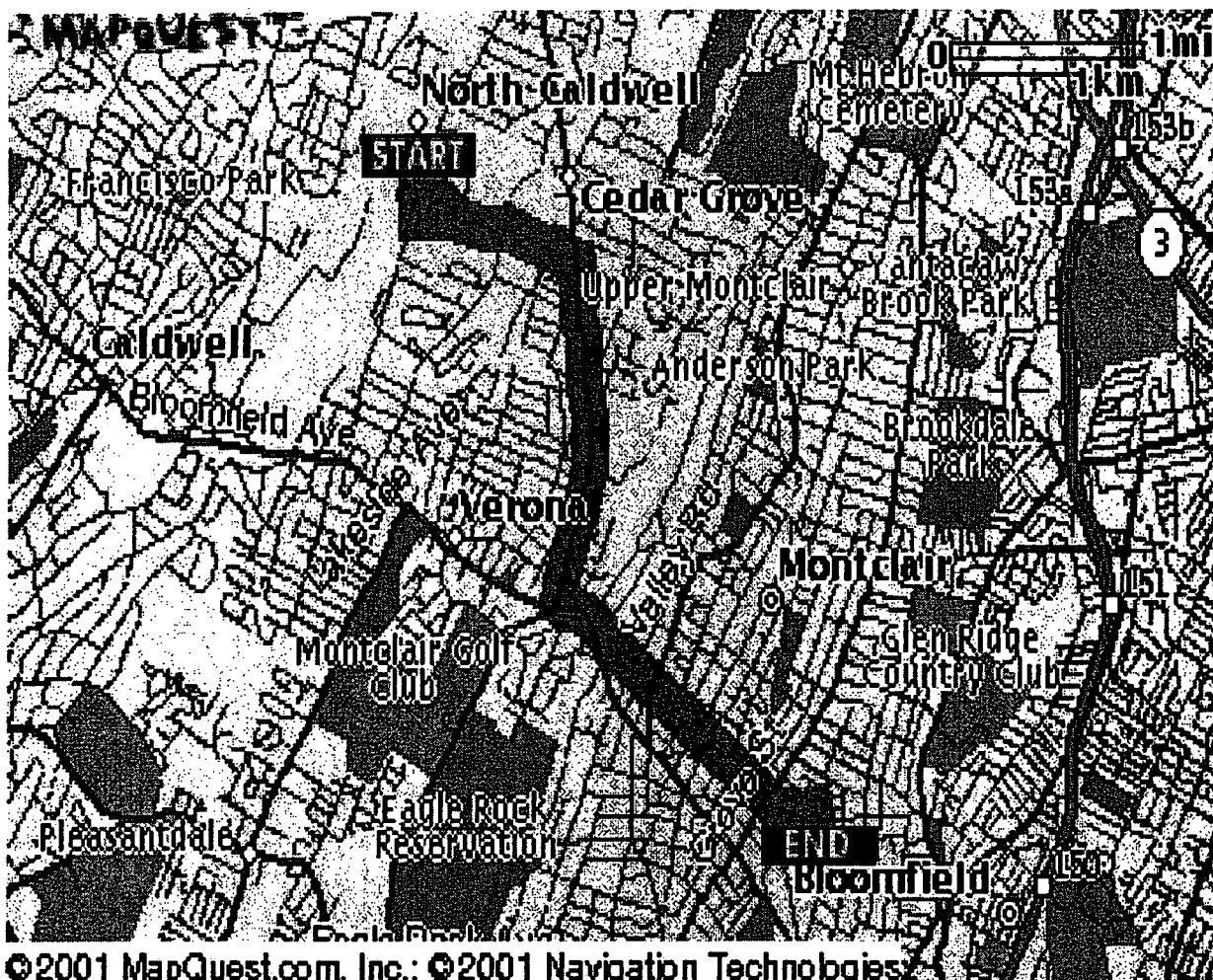
Pre-Response/Entry Approval by: 

Date: 7/30/01

Verbal Approval/Modification to Original HASP by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_



## Directions to Mountainside Hospital:



### Driving Directions Results

[< Back](#)

[SEND TO PRINTER](#)

FROM:

TO:

125 FAIRVIEW AVE CEDAR GROVE, NJ 07009-1345  
US

MOUNTAIN SIDE HOSPITAL  
1 BAY AVE MONTCLAIR, NJ 7042 US

#### DIRECTIONS

- 1: Start out going Southwest on FAIRVIEW AVE by turning left.
- 2: Turn SLIGHT LEFT onto DILL DR.
- 3: Turn RIGHT onto KEENEY ST.
- 4: KEENEY ST becomes W BRADFORD AVE.
- 5: Turn RIGHT onto POMPTON AVE/NJ-23.
- 6: Turn SLIGHT LEFT.
- 7: Turn LEFT onto BLOOMFIELD AVE.
- 8: Turn SLIGHT RIGHT onto CLAREMONT AVE.
- 9: Turn RIGHT onto WALNUT CRES.

**TOTAL ESTIMATED TIME:**  
18 minutes

#### DISTANCE

0.1 miles  
(0.1 km)  
0.4 miles  
(0.6 km)  
0.3 miles  
(0.5 km)  
0.4 miles  
(0.6 km)  
1.4 miles  
(2.3 km)  
0.1 miles  
(0.1 km)  
0.1 miles  
(0.2 km)  
1.5 miles  
(2.4 km)  
0.0 miles  
(0.1 km)

**TOTAL DISTANCE:**  
4.3 miles ( 6.9 km)

## Description of Site and Response Activities

Size of Site: \_\_\_\_\_ Terrain: \_\_\_\_\_ Weather: \_\_\_\_\_

Distance to Nearest:

Residence \_\_\_\_\_ School \_\_\_\_\_ Hospital \_\_\_\_\_

Public Building \_\_\_\_\_ Nearest Waterway: \_\_\_\_\_ - (name)

Other \_\_\_\_\_

Evacuation: ( ) Yes ( ) No By Whom: \_\_\_\_\_

Condition	Observed	Potential	None	Comments/Observations
Surface Water Contamination				
Ground Water Contamination				
Drinking Water Contamination				
Air Release				
Soil Contamination				
Stressed Vegetation				
Dead Animal Species				

Action Taken On-Site:

Perimeter Monitoring: ( ) Yes ( ) No

Site entry by RST: ( ) Yes ( ) No

Tasks Conducted	Level of Protection/Specific PPE Used

## Hazardous Waste Site and Environmental Sampling Activities

Off Site: ☐ Yes ☐ No

On Site: ☐ Yes ☐ No

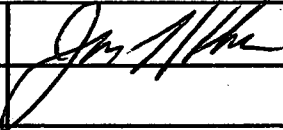
Describe types of samples and methods used to obtain samples: \_\_\_\_\_

Was laboratory notified of potential hazard level of samples? ☐ Yes ☐ No

Note: The nature of the work assignment may require the use of the following procedures/programs which will be included as attachments to this HASP as applicable: Emergency Response Plan, Confined Space entry Procedures, Spill Containment Program.

Disclaimer: This Health and Safety Plan (HASP) was prepared for work to be conducted under the Removal Support Team (RST) Contract 68-W-00-0113 for Zone I. Use of this HASP by WESTON and its subcontractors is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this HASP are included by reference to 29 CFR 1910 and 1926.

The signatures below indicate that the individuals have read and understood this Health and Safety Plan.

PRINTED NAME	SIGNATURE	AFFILIATION	DATE
JAMES S. HAKLAR		USEPA	7/31/01

Final Submission of HASP by:		
Post Response Review by:		
Post Response Approval by:		
RST HSO Review by:		

COMMENTS/FOLLOW UP

# Air Monitoring Summary Log

Date: \_\_/\_\_/\_\_

Data Collected by: \_\_\_\_\_

Station/Location	CGI/O <sub>2</sub> Meter	Radiation Meter	PID	FID	Other (_____)

Summary/Comments (data to be summarized by a range of readings, i.e. "Low to High" and/or "Average" by location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_